# Illinois Liquor Control Commission



### Pat Quinn Governor

100 W. RANDOLPH ST.

**SUITE 7-801** 

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# APPLICATION FOR STATE OF ILLINOIS NON-BEVERAGE USER'S ALCOHOLIC LIQUOR LICENSE

#### **DEFINITION**

A non-beverage user's license shall allow the licensee to purchase alcoholic liquor from a licensed manufacturer or importing distributor, without the impostion of any tax upon the business of such licensed manufacturer or importing distributor as to such alcoholic liquor to be used by such licensee solely for the non-beverage purposes set forth in Section 8-1 of the Illinois Liquor Control Act, and such licenses shall be divided and classified and shall permit the purchase, possession and use of limited and stated quantities of alcoholic liquor.

CLASS 1	Not to exceed	500 Gal	\$24.00
CLASS 2	Not to exceed	1,000 Gal	\$60.00
CLASS 3	Not to exceed	5,000 Gal	\$120.00
CLASS 4	Not to exceed	10,000 Gal	\$240.00
CLASS 5	Not to exceed	50,000 Gal	\$600.00

#### ■ NO FEE

Hospitals, Sanitariums or Clinics, Universities, Colleges of Learning or Schools, (when the use of alcoholic liquor is strictly medicinal, mechanical, or scientific) and Laboratories (when the use of alcoholic liquor is exclusively for the purpose of Scientific Research) are not required to pay a fee for a non-beverage user's license.

IMPORTANT NOTICE: THE ILLINOIS LIQUOR CONTROL COMMISSION IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY UNDER THE ILLINOIS LIQUOR CONTROL ACT (235 ILCS 5/1 ET SEQ.). DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION WILL RESULT IN THE NON-ISSUANCE OF YOUR LICENSE. FORM APPROVED BY THE STATE FORMS MANAGEMENT CENTER.

FOR OFFICE USE ONLY

LICENSE NO.
DATE ISSUED
DATE 1000ED
EXPIRATION DATE

## Application for State of Illinois Non-Beverage User's License Alcoholic Liquor

### A. CORPORATE/BUSINESS(DBA) INFORMATION

#### 1. FEIN

Enter your Federal Employer Identification Number (FEIN) in this box. The FEIN is a nine-digit number issued by the U.S. Internal Revenue Service.
This number is used for verification purposes only. If you do not have an FEIN number, call 1-800-829-3676 for general information on how to apply
and to obtain the forms you will need. NOTE, if you have filed an application for your FEIN number, the Commission will accept your application.

	FEIN#

#### 2. TELEPHONE

Enter the area code/telephone number/extension of the corporation, partnership etc.

AREA CODE/TELEPHONE NO.	
	EXT.

#### 3. COUNTY

Enter the County in which the business is located.

COUNTY NAME		

4. CORPORATE NAME (Also list trade or business name, if different from corporate name)

Enter the name of the corporation (Illinois, national, or foreign), partnership or limited liability company in this box.

	CORPORATE NAME	DBA NAME
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5. ADDRESS (Location of place of business for which application is made)

Enter the street address, city, state, and Zip Code of the corporation, partnership, etc..

ADDRESS	CITY	STATE	ZIP CODE

6.	IL SECRETARY OF STATE	
	<b>CORPORATION FILE NUMBER</b>	(If applicable)

FILE NUMBER	

# 7. DATE OF INCORPORATION/REGISTRATION (If applicable)

DATE OF INCORPORATION/REGISTRATION	

## A. CORPORATE/BUSINESS(DBA) INFORMATION (CON'T)

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	NON-BEVERAGE LICENSE NO.								
2.	STATE NATURE OF BU	JSINESS							
	Enter the Corporate Ent	tity type of busir	ness						
	NATURE OF BUSINESS								
3.	PURPOSE FOR WHICH	H ALCOHOLIC	LIQUO	ORS ARE TO BE	USED				
4.	PERSON COMPLETING Enter the Name, Title/Po			e number of the p	person completing thi	is application.			
	NAME				TITLE/POSITION		TELEPHONE N	10.	
	OWNERSHIP INF For each owner/officer/g social security number,	partner/5% or g	reater						te, Zip Co
	For each owner/officer/ş social security number,	partner/5% or gr date of birth, se	reater	e/position, home		nd percentage		ip.	
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	For each owner/officer/psocial security number,  NAME (LAST, FIRST, MIDDLE IN  SOCIAL SECURITY NO.	Dartner/5% or gradate of birth, se	reater ex, title	HOME ADDRESS TITLE/POSITION		city  AREA COD	of ownershi	STATE	ZIP  % OWNED
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## **B.** OWNERSHIP INFORMATION (CON'T)

### ADDITIONAL MEMBERS/OFFICERS (if needed)

NAME (LAST, FIRST, MIDDLE INITIAL) HOME ADDRESS	CITY STATE ZIP
CIAL SECURITY NO. DATE OF BIRTH SEX TITLE/POSITION	AREA CODE/TELEPHONE NO. % OWNER
ME (LAST, FIRST, MIDDLE INITIAL) HOME ADDRESS	CITY STATE ZIP
DATE OF DIDTU.	1051 005555 50005 10
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AME (LAST, FIRST, MIDDLE INITIAL) HOME ADDRESS	CITY STATE ZIP
OCIAL SECURITY NO. DATE OF BIRTH SEX TITLE/POSITION	AREA CODE/TELEPHONE NO. % OWNEI
SALE OF BIRTH OLD THEE FORMAN	AREA GODETEELT HORE NO. 76 OWNER
AFFIDA	MT.
AFFIDA	
ne above information supplied for the purpose of ind	
on-Beverage User's license to the applicant herein is t nd information. I further swear or affirm that the applic	
merica or the State of Illinois, in particular, the Illinois	
ghts sections thereof.	Liquoi Control Act, Naics and Negalations, and the
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	Signature of Applicant or Authorized Agent
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NOTE: If the license is to be issued to a partnership, two partners must sign. If the license is to be issued to a corporation, the president and secretary of the corporation must sign, or duly authorized corporate representative(s).